PART B - FEE(S) TRANSMITTAL

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by 0, specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" or

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Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 24126 7500 10/01/2009 Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. ST. ONGE STEWARD JOHNSTON & REENS, LLC 986 BEDFORD STREET STAMFORD, CT 06905-5619 Daniella Crimi amer (Signature) (Date) 20 2009 APPLICATION NO FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO CONFIRMATION NO. 10/626 414 07/24/2003 Dieter Lang 02581-P05364 0867 TITLE OF INVENTION: MEDICAL INSTRUMENT APPLN: TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE NO \$1510 \$300 \$1810 01/04/2010 nonprovisional \$0 EXAMINER ART UNIT CLASS-SUBCLASS BUI, VY O 3773 606-205000 Change of correspondence address or indication of "Fee Address" (37 CFR 1,363). St. Onge Steward 2. For printing on the patent front page, list Johnston & Reens LLC (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer

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(B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE

Karl Storz GmbH & Co. KG Germany

Please check the appropriate assignce category or categories (will not be printed on the patent); 🔲 Individual 🚨 Corporation or other private group entity 🖵 Government

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

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b. Applicant is no longer claiming SMALL ENTITY status. Sec 37 CFR 1.27(g)(2).

registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

a. Applicant claims SMALL ENTITY status. Sec 37 CFR 1.27. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

December 30, 2009 Authorized Signature Wesley W. Whitmyer, Jr. Registration No. 33,558 Typed or printed name

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